

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2010

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 1080.00

## Complete if Known

|                      |                                 |
|----------------------|---------------------------------|
| Application Number   | 10/591,221                      |
| Filing Date          | August 31, 2006                 |
| First Named Inventor | Steven Porter Hotelling, et al. |
| Examiner Name        | John E. Chapman                 |
| Art Unit             | 2856                            |
| Attorney Docket No.  | PU040336                        |

## METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  
Under 37 CFR 1.16 and 1.17

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                      | SEARCH FEES |                      | EXAMINATION FEES |                      | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee(\$) | Fee(\$)     | Small Entity Fee(\$) | Fee(\$)          | Small Entity Fee(\$) |                |
| Utility          | 310         | 155                  | 510         | 255                  | 210              | 105                  | _____          |
| Design           | 210         | 105                  | 100         | 50                   | 130              | 65                   | _____          |
| Plant            | 210         | 105                  | 310         | 155                  | 160              | 80                   | _____          |
| Reissue          | 310         | 155                  | 510         | 255                  | 620              | 310                  | _____          |
| Provisional      | 210         | 105                  | 0           | 0                    | 0                | 0                    | _____          |

### 2. EXCESS CLAIM FEES

#### Fee Description

|  |                            |                       |                             |   |                             |
|--|----------------------------|-----------------------|-----------------------------|---|-----------------------------|
| Each claim over 20 (including Reissues)                                | 50                         | 25                    |                             |   |                             |
| Each independent claim over 3 (including Reissues)                     | 210                        | 105                   |                             |   |                             |
| Multiple dependent claims  | 370                        | 185                   |                             |   |                             |
| <b><u>Total Claims</u></b>   | <b><u>Extra Claims</u></b> | <b><u>Fee(\$)</u></b> | <b><u>Fee Paid (\$)</u></b> | <b><u>Multiple Dependent Claims</u></b> |                             |
| _____ -20 or HP=   | _____ x                    | _____ =               | _____                       | <b><u>Fee (\$)</u></b>                  | <b><u>Fee Paid (\$)</u></b> |
| HP = highest number of total claims paid for, if greater than 20.      |                            |                       |                             |   |                             |
| <b><u>Indep. Claims</u></b>  | <b><u>Extra Claims</u></b> | <b><u>Fee(\$)</u></b> | <b><u>Fee Paid (\$)</u></b> |   |                             |
| _____ - 3 or HP=   | _____ x                    | _____ =               | _____                       |   |                             |
| HP = highest number of independent claims paid for, if greater than 3. |                            |                       |                             |   |                             |

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|--|----------|---------------|
| _____ - 100 = | _____ / 50 = | _____ (round up to a whole number) x             | _____    | _____         |

### 4. OTHER FEE(S)

|  | Fees Paid (\$) |
|--|----------------|
| Amendment and Response w/Request for Extension of Time (1 month) | 130.00         |
| Terminal Disclaimer (Prior Patent)                               | 140.00         |
| RCE  | 810.00         |
| Total:   | 1080.00        |

## SUBMITTED BY

|                   |                           |                                      |              |           |              |
|-------------------|---------------------------|--------------------------------------|--------------|-----------|--------------|
| Signature         | <u>/Michael A. Pugel/</u> | Registration No.<br>(Attorney/Agent) | 57,368       | Telephone | 317-587-4027 |
| Name (Print/Type) | Michael A. Pugel          | Date                                 | June 9, 2010 |           |              |